

Application/Request for the Alternative Work Schedule

Section I. Employee Information

Name: _____ Unit/Division/Section: _____

Job Classification: _____

Supervisor Name: _____ email address: _____ *

Cost Center: _____

Section II. Requested Work Hours/Schedule

WORK SCHEDULE

4 - 10 hour days

4 - 9 hour days + 1/2 day

Lunch break: _____

WORK HOURS

6:30 a.m. - 5:30 p.m.

7:00 a.m. - 6:00 p.m.

7:30 a.m. - 6:30 p.m.

6:45 a.m. - 5:45 p.m.

7:15 a.m. - 6:15 p.m.

Other, _____

WORKWEEK

Monday thru Thursday

Tuesday thru Friday

Mon., Tues., Thurs, Friday

half-day, _____

Section III. Supervisory/Manager - Criteria for considering AWS Request

In considering employee request for utilizing the Alternative Work Schedule (AWS), the Division/Unit Head should answer the following:

Yes No There are adequate supervisory/monitoring controls in place to ensure that the level of productivity and services provided to the client by the division/unit are maintained. (i.e. A supervisor or manager with decision-making capability is available to the work area and to internal and/or external customers during the scheduled work hours)

Yes No The division/unit has adequate office coverage for a standard workweek. (i.e. Monday through Friday, 8:00 a.m. to 5:00 p.m.)

Section IV: Approvals

Supervisor Signature: _____ Date: _____

Division/Unit Head Signature: _____ Date: _____

Human Resources Director (or Designee) Signature: _____ Date: _____